

ST. CHARLES PARISH DEPARTMENT OF PARKS & RECREATION

171 KELLER ST • HAHNVILLE, LOUISANA • 70057

BASEBALL _____ SOTFBALL ____ TEE-BALL ____



PO BOX 9 • LULING, LOUISIANA • 70070 (985) 783-5090 • Fax (985) 783-5095 Website: www.stcharlesparish-la.gov/recreation

| Registration Form | | | | | | | | | |
|--|--|---|--|---|---|--|--|--|--|
| Booster Club | r Club Today's Date | | | | | | | | |
| Baseball - Boys Age as of April 30 ^{th,} Softball – Girls Age as of December 31 st . (Including Girls T-Ball) | | | | | | | | | |
| National League (Recreational League) | | | American League (Highly Skilled League) | | | | | | |
| | 7-8 Yr. Olds | 13-14 Yr Olds 15-16 Yr Olds 17-18 Yr Olds | 11-12 | 9-10 Yr Olds Boys 11-12 Yr Olds Boys 13-14 Yr Olds Boys | | | | | |
| Girl | Boy | Age | Date of Birth | | _ | | | | |
| Name as it appe | ears on Birth Certif | icate below: | | | | | | | |
| First | | Middle | | Last | | | | | |
| Home Address | (| City | State | Zip | | | | | |
| Home Phone | 7 | Work Phone | Cell Phone | Emerge | ency | | | | |
| To Whom It Mag | y Concern: | | | | | | | | |
| I/We grant permission for my/our son/daughter to participate in the sports program of your Booster Club and the St. Charles Parish Parks and Recreation Department. | | | | | | | | | |
| He/She is in good health and has no physical defects that strenuous physical exercise would affect. (Note: A notice from a physician should accompany this form if there is any limitation). | | | | | | | | | |
| Director, Coach | nes and Sponsors fo ur while participati | r any injuries, disabilit | ties, death, loss games, or whil | or damage to perso e traveling to and fi | sh Parks and Recreation Department, the n or property including accidents which rom any games and activities, whether arising | | | | |
| I/We do further agree to return all uniforms and equipment issues to my/our son/daughter upon request of his/her sponsor or coach. I/We understand that no one in our family will be able to participate in any St. Charles Parish Parks and Recreation Department Sports Program until the equipment is returned or paid for in full. | | | | | | | | | |
| | | | | | understand that any false information may result ecreation Program for a period of not less than | | | | |
| NOTE: | Each child is required to have a copy of his/her birth certificate on file with the Recreation Department. | | | | | | | | |
| I understand that if my child makes an All-Star team and has decided to play in the Recreation League the following year he/she will not be allowed to participate in the end of the season tournament. | | | | | | | | | |
| At lease one pare | ent or guardian signa | nture is required. | | | | | | | |
| Parent/Guardian | : | | | | | | | | |